

## **Older Adult Peer Specialist Training Application**

May 21-23, 2018  
Springwell  
307 Waverley Oaks Road, Suite 205  
Waltham, MA 02452

Please fill out all pages of this application and send by **email** to [Robert.walker@dmh.state.ma.us](mailto:Robert.walker@dmh.state.ma.us) or fax (617 626-8131) to Rob Walker. If you have questions, please feel free to call Rob at (617) 626-8275, or email.

**Please return by April 27, 2018**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate the specific training and date you received the training:

- \_\_\_ Massachusetts Certified Peer Specialist program
- \_\_\_ Peer Employment Training
- \_\_\_ Recovery Coach Academy
- \_\_\_ Other

Month and Year attended: \_\_\_\_\_

Current Employer \_\_\_\_\_

Job Title \_\_\_\_\_

<b>Training Pre-Requisites</b>
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1. Submission of an application.
2. Having obtained Certification as a Peer Specialist or Recovery Coach, or other comparable lived experience.
3. Being an older adult, defined as age 50+.
4. Having lived experience of recovery from mental health challenges and/or substance use issues in one's own life, and be open to sharing those experiences with intent and purpose.
5. Being dedicated to promoting recovery opportunities in the lives of Older Adults.

Brief Application Questions	
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1. Why are you applying for the Older Adult Peer Specialist training?
2. Do you have any experience working with older adults (circle)?    Yes    No  
If yes, please describe the experience(s).
3. If you are selected for the Older Adult Peer Specialist training, how you will use the training in your role as a peer specialist/recovery coach working with older adults?